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ABSTRACT

The author describes a model which social workers can use in gathering data for diagnosing suspected handicapping conditions. Steps in social work assessment are reviewed, including analysis of current functioning, past functioning, and the effects of the operational system. (CL)

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Differential Diagnosis of Children With Suspected Handicapping Conditions: Social Work Assessment

My position on assessment is quite clear. That is, in the differential diagnosis of any handicapping condition, social work involvement is essential and necessary.

What I am suggesting is that a properly trained social worker function not only in a more classical role as liaison between school and parents, as a crisis intervener, but additionally as a major diagnostic assessor.

In the brief time allotted, I will attempt to outline a practice model--a social work tool kit, a road map - that can be appropriately used as a social work frame of reference in gathering data for a wide variety of suspected handicapping conditions.

Knowledge Components

I would first like to talk about the various knowledge components needed in assessment.

In analyzing situations, the professional social worker must be skilled and able to use judiciously a wide variety of knowledge components. What are some of these components?

(1) Simple as it sounds, knowledge regarding how to interview is basic. That is, the social worker is or should be an expert on how to interview, the dynamics involved in the communication process.

(2) Secondly, as the result of his experiences, practice, wisdom, the experienced social worker may also have specialized knowledge in one or more of the handicapping conditions.

In other areas, his knowledge is more generic. This general knowledge should include:

(3) Indepth knowledge of normal and abnormal growth and development.

(3A) Indepth knowledge of adaptive behavior, normal and abnormal.

(4) Indepth knowledge of the origin and treatment of the psychopathology of the pupil including the effects of environmental factors.

(5) A knowledge of the school as a system.

(6) Finally, some knowledge of himself. That is an awareness of his own feelings, which combined with his willingness to help, knowledge of subject, is the best assurance of reducing bias.

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Form and Process

Before getting into content, I would first like to briefly discuss the form and content of assessment.

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In any social work assessment, the parameters of information gathered is based on knowledge needed to understand, that is, selective knowledge.

In a general way, social work assessment attempts to answer some common sense questions sometimes referred to as the Social Study or Social History.

Initially, assessment attempts to clarify the presenting problem. That is, what problems or conditions as noted in the referral request, are central to the situation. What handicapping condition is suspected? Is there one major problem such as slow rate of learning? Or, is there a complex of undefined, interrelated problems?

Moving on from here, the next series of questions relates to the people involved, the client cluster. Who is included here? Are we concerned with the pupil only? The parent(s)? The teacher(s)? Are the problems interactional in which the pupil's dysfunctioning is effected by others such as in the emotionally disordered or impaired pupil? What is the meaning of the pupil's suspected difficulties to the teacher? To the family? Is the family in accord with the school's perception of the pupil's diffiluties?

As a process, social work assessment typically moves from present to past; from the recent or current situation to life experiences.

In terms of data collection, the social work interview is a versatile procedure for assessing a wide variety of situations and as a tool in providing invaluable insights about the person and his situation. However, it has definite limitations as a source of providing valid and reliable standardized data.

Typically, social work interviews are diffuse, interviewee centered, focused on affective material, concerned with interpersonal interactions and less oncerned about objective and factual data.

A different position, to which I subscribe, does not view the assessment interview as intertwined and simultaneous with intervention, nor intervention as beginning in the first contact. Instead, the assessment interview, in my view, involves data collection, analysis and understanding, postponing intervention before adequate understanding is first reached.

Social Work Assessment

The focus of the social work assessment is on the person-in-the-situation. That is, on the pupil, as well as, ecological factors surrounding the pupil. While essentially an interactional concept, for purposes of analysis, it is necessary to look at each component separately.

(A) Current Functioning

Initially in gathering information on the pupil the focus is on the pupil's current level of biopsychosocial functioning. That is, what physical, psychological, socio-economic/socio-cultural factors, what motivational patterns are contributing to the present difficulty and in what combinations.

In seeking baseline information on the pupil's current level of independent skills and behavior, the social work interview may be supplemented by the utilization of non-restrictive standardized instruments such as Lambert's recent adaptation of the AAMD Adaptive Behavior Scale to public school pupils. It has been my experience that the scales are an effective and comprehensive source of information on normal and abnormal adaptive behavior alike.

In other instances in which more specialized information is needed such as in those cases in which emotional or perceptual problems are suspected the social work interview may be supplemented by other non-restrictive standardized instruments. The Pupil Rating Scale, the Classroom Screening Instrument, the Behavior Rating Scale or Walker's Problem Behavior Identification Checklist, to name a few, are useful tools in providing more specific information.

(B) Post Functioning

While current baseline information is important, in a number of instances in itself it is insufficient. That is, in addition to cross sectional or latitudinal information on current functioning, longitudinal or etiological information is needed.

This is for the purpose of determining whether the current problems are primarily reactive to the pupil's current life situation or whether the problems lie with the person habitually over the years.

In this regard, the social work interview is invaluable in getting information on developmental risk factors including family health history, medical history of the mother, birth and neonatal condidtion of the child. Information about the pupil's fine and gross motor development, speech, toilet training, eating and sleeping patterns, behavior episodes and emotional development and other sources of information are particularly useful in providing diagnostic clues of a specific educational handicapping condition.

Information obtained through the interview may be supplemented by the use of simple screening devices. In this regard, the Developmental Screening Checklist or the Denver Developmental Screening Checklist are useful in providing clinical information on earlier developmental delays.

(C) Effects of Operational System

We now turn to those secondary factors shaping and complicating personality, cognitive, emotional development and the pupil's coping patterns.

In some instances, there may be disturbances in the pupil's current home situation which has a devastating effect upon his learning ability. Just as there are children who experience difficulty in learning because of inadequate stimulation, there are others in which because of overemphasis on achievement, the child is under pressure.

In this regard information on the effects of parenting and child rearing practices are sought. Important questions here involves the parent's perceptions and expectations for their child. Do they (the parents) expect the child to move ahead? Are they resigned to underachievement? Have their attitudes contributed to or thwarted the development of basic mutuality, trust and growth? Is the family milieu

one of deprivation? Of infantilization?

In addition to assessments of current parent's attitudes and expectations, exploration of earlier influences and relationships may provide important clues. In some instances, these earlier relationships may not have provided the child opportunities to learn appropriate behavior, to learn social skills or to develop the kinds of motivational patterns necessary for growth.

In seeking information on the effects of the pupil's operational system, information on the family's cultural norms, expectations, lifestyle, parental flexibility are important additionally, demographic factors such as family composition, intactness, availability of parents, family health history are important in the sense that they can point to family dynamics which may offer clues in determining the etiology of the pupil's dysfunctioning.

In this regard, few of these areas have standardized instruments to supplement the assessment interview.

In addition to family influences, the effect the school as a system - past and present - is an important area of assessment. Do the pupil's teachers have low expectations, negative attitudes toward the pupil? His capabilities? Is she (the teacher) overly accepting? Overly demanding? The effect of the school, particularly with many children experiencing milder learning problems can be significant.

In looking at these secondary influences of the pupil's operating system, traditionally and because of its psychoanalytic frame of reference, social work assessment has rested on the family etiology hypothesis. That is, the assumption that the pupil's problems are either directly caused or unconsiously influenced by the pathology or shortcomings of the parents or others. This view has been modified over the years since with many handicapping conditions such as retardations or specific learning disabilities, etiology is not always clear nor are parental influences primary in causation. In these and other instances often the pathology exhibited by the parents of the handicapped child is reactive rather than causative.

Evaluation

The final step in social work assessment involves analyzing the pupil's situation so as to identify those factors that appear most critical. In this analysis, information obtained previously from the social work interview is supplemented with information obtained from observation, the use of standardized non-restrictive test data including developmental schedules, behavioral checklists and adaptive behavior scales.

Faced with a crowded array of facts and impressions, social work assessment attempts to look at the two ends of the psychosocial event--the person and the environment.

The focus in assessment then is a dual one. That is, first assessing the pupil's coping patterns in terms of various skills, capacities, motivational patterns, and secondly, determining the effects past and present of

the pupil's operating system on the action or inaction the pupil takes when confronted with a specific critical life task--learning in school.

Such an analysis, for example, may point most strongly to a long standing deficit in the pupil's coping patterns. Or instead, to past and present deficits in the environmental support system. Or instead to a combination of deficits in both coping patterns and in environmental supports.

In the final analysis the assessment of each situation rests on the knowledge, values and professional judgment of the social worker.

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SOCIAL WORK ASSESSMENT: PROCEDURES, INSTRUMENTS

Focus	Developmental Domain	Test or Procedure	Developer or Author	Age Range	Reliability Validity
Person: Current Past Functioning	Adaptive	Adaptive Behavior Scale (1977)	Lambert	7-13 yrs.	Adequate
		Sompa: Adaptive Behavior Scale for Children (1978)	Mercer, Lewis	5-11 yrs.	Unknown
		Social Work Interview (1972)	Kadushen	> 3 yrs.	Non-standardi
	Social, Emotional, Perceptual	Social Work Interview (1972)	Kadushen	> 3 yrs.	Non-standardi
		Metapyschological Profile (1965)	Freud, A.	> 3 yrs.	Non-standardi
		Walker Problem Behavior Identification Checklist (1970)	Hill	6-12 yrs.	Adequate
		Devereu Adolescent Behavior Rating Scale (1970)	Spivack	13-18 yrs.	Adequate
		Pupil Rating Scale (1971)	Myklebust	7-9 yrs.	Unknown
		Classroom Screening Instrument (1975)	Meier	2 wks.-9 yrs.	Adequate
	Health and Development	Social Work Interview (1972)	Kadushen	> 3 yrs.	Non-standardi
		Sompa: Health History Inventory (1978)	Mercer, Lewis	5-11 yrs.	Unknown
		Denver Developmental Screening Test (1970)	Frankenburg, Dodds	2 wks.-6 yrs.	Adequate
		Developmental Screening Checklist (1972)	Giannini	1 mo.-5 yrs.	Unknown

Focus	Developmental Domain	Test or Procedure	Developer or Author	Age Range	Reliability & Validity
Operational System	Family and Environmental	Social Work Interview (1972)	Kadushen	> 3 yrs.	Non-standardized
		Sompa: The Socio-Cultural Scale (1978)	Mercer, Lewis	5-11 yrs.	Unknown
		Infantilization Scale (1971)	Polansky	7-12 yrs.	Non-standardized
		Mother-Child Relationship Evaluation (1973)	Roth	Adults	Non-standardized

adequate = > .75 when reported or estimated